1-5. (CANCELED)

6. (CURRENTLY AMENDED) A method of manufacturing a nasal cannula for insufflating a treating gas into a nose of a patient and measuring a carbon dioxide content in an exhalation gas of the patient, said method comprising the steps of:

providing a hollow body with a treating gas entrance and an exhalation gas exit at opposed ends thereof, and separating the a hollow body into a separate inhalation manifold and an exhalation manifold with the treating gas entrance communicating with the inhalation manifold and the exhalation gas exit communicating with the exhalation manifold;

integrally forming a first fixed length hollow nasal prong with the hollow body so that the first fixed length hollow nasal prong communicates with said inhalation manifold to define a treating gas insufflating passage extending between the treating gas entrance and a treating gas exit such that all of the treating gas supplied to the treating gas entrance is exhausted solely via the treating gas exit;

integrally forming a second fixed length hollow nasal prong with the hollow body so that the second fixed length hollow nasal prong communicates with said exhalation manifold to define an exhalation gas sampling passage extending between an exhalation gas entrance and the exhalation gas exit;

forming at least one lateral opening in said second fixed length hollow nasal prong, the at least one lateral opening being positioned between the exhalation gas entrance and the exhalation gas exit and at a fixed location along the fixed length nasal prong so as to be spaced from soft mucosal tissue of a corresponding nasal passage during use; and

sizing the at least one lateral opening large enough to prevent sufficient suction from developing at the exhalation gas entrance to occlude the exhalation gas entrance, and small enough to prevent dilution of an exhaled gas sample by ambient air or excess insufflation gas.

7. (PREVIOUSLY PRESENTED) The method according to claim 6, further comprising the step of sizing the at least one lateral opening in said second prong between about .05 to .07 of an inch in diameter.

8. (PREVIOUSLY PRESENTED) The method according to claim 6, further comprising the step of forming a pair of coaxially aligned lateral openings in said second fixed length hollow nasal prong.

9. (PREVIOUSLY PRESENTED) The method according to claim 7, further comprising the step of locating the at least one lateral opening in said second fixed length hollow nasal prong substantially adjacent the integrally formation of the second fixed length hollow nasal prong with the hollow body.

10. (CURRENTLY AMENDED) A method of manufacturing a nasal cannula for insufflating a treating gas into a nose of a patient and measuring a carbon dioxide content in an exhalation gas of the patient, said method comprising the steps of:

internally partitioning a hollow body into a separate inhalation manifold and a separate exhalation manifold;

integrally forming a first fixed length hollow nasal prong with said inhalation manifold to define a treating gas insufflating passage extending between a treating gas entrance and a treating gas exit such that all of the treating gas supplied to the treating gas entrance is exhausted solely via the treating gas exit;

integrally forming a second fixed length hollow nasal prong with said exhalation manifold to define an exhalation gas sampling passage extending between an exhalation gas entrance and an exhalation gas exit;

forming at least one lateral opening in at least said second fixed length hollow nasal prong positioned between the exhalation gas entrance and the exhalation gas exit and at a fixed location along the fixed length nasal prong so as to be spaced from soft mucosal tissue of a corresponding nasal passage during use; and

sizing the at least one lateral opening in at least said second fixed length hollow nasal prong between about .05 to .07 of an inch in diameter to prevent sufficient suction from developing at the exhalation gas entrance to occlude the exhalation gas entrance, and to prevent dilution of the exhaled gas sample by ambient air or excess insufflation gas.

11. (PREVIOUSLY PRESENTED) The method according to claim 10, further comprising the step of forming a pair of coaxially aligned additional lateral openings in said second fixed length hollow nasal prong.

12. (CURRENTLY AMENDED) A method of manufacturing a nasal cannula for insufflating a treating gas into a nose of a patient and measuring a carbon dioxide content in an exhalation gas of the patient, the method comprising the steps of:

providing a hollow body with a treating gas entrance and an exhalation gas exit at opposed ends thereof, and forming a separate inhalation manifold and a separate exhalation manifold with the treating gas entrance communicating with the inhalation manifold and the exhalation gas exit communicating with the exhalation manifold;

integrally forming a first fixed length hollow nasal prong with the hollow body so that a first end of the first fixed length hollow nasal prong communicates with the inhalation manifold to define a treating gas insufflating passage extending between the treating gas entrance and a treating gas exit located adjacent a tip of the first fixed length hollow nasal prong such that all of the treating gas supplied to the treating gas entrance is exhausted solely via the treating gas exit;

integrally forming a second fixed length hollow nasal prong with the hollow body so that a first end of the second fixed length hollow nasal prong communicates with the exhalation manifold to define an exhalation gas sampling passage extending between an exhalation gas entrance, located adjacent a tip of the second fixed length hollow nasal prong, and the exhalation gas exit such that all of the exhalation gas received by the exhalation ~~gas entrance~~ manifold is exhausted solely via the exhalation gas exit;

forming at least one lateral opening in the second fixed length hollow nasal prong, the at least one lateral opening being positioned between the exhalation gas entrance and the exhalation gas exit and at a fixed location along the fixed length nasal prong so as to be spaced from soft mucosal tissue of a corresponding nasal passage during use; and

sizing the at least one lateral opening large enough to prevent sufficient suction from developing at the exhalation gas entrance and occlude the exhalation gas entrance, but small enough to prevent dilution of an exhaled gas sample by ambient air or excess insufflation gas.